



Health Care Authority



Deputy Program Manager, Reimbursement & Data Systems Uniform Medical Plan

WMS Recruitment Announcement

RE-OPENED: October 17, 2005
LOCATION: Seattle, Washington
SALARY: WMS Band 3 \$64,700 - \$83,695 annually, depending on qualifications
CLOSES: OPEN UNTIL FILLED—Application review will begin November 1, 2005

Background: The Washington State Health Care Authority (HCA) is a cabinet-level agency of Washington State government whose mission is to provide affordable high-quality health care to individuals covered by its programs. It carries out this mission by contracting with health plans and other contractors to provide health, dental, and other insurance coverage to state employees, retired state employees, enrollees in the Basic Health program, and uninsured low-income individuals served by community clinics. The agency also has statutory authority to promote collaborative purchasing of health care services by state agencies, and to implement a state-preferred prescription drug list and a senior prescription drug education and discount program. The Uniform Medical Plan (UMP), a division of HCA, is a self-insured medical plan which is offered to active and retired employees of state government, K-12 school districts, educational service districts, political subdivisions and employee organizations representing state civil service workers. HCA employs approximately 280 people located in Lacey and Seattle.

Role: The Deputy Program Manager manages UMP's Reimbursement and Data Systems unit. Responsibilities include:

- Manage the development, implementation, and maintenance of provider reimbursement policies and schedules used to pay UMP medical claims.
- Identify and implement methods to control reimbursement costs and eliminate waste.
- Develop and maintain data systems to support program management functions including financial analysis and monitoring, provider contracting, disease management, clinical quality initiatives, and detection of fraud or inappropriate billing patterns.
- Oversee interagency coordination on reimbursement policies and procedures for stakeholder input.

The position is located in downtown Seattle, WA.

Desirable Qualifications: The successful candidate will have extensive management experience in a health-related field, including planning and project management experience. Additional consideration will be given to candidates with:

- Knowledge of health plan operations, health care financing issues and provider reimbursement strategies.
- Knowledge of claims processing and database systems, including experience supervising software contractors or managing system implementation projects.
- Knowledge of state and federal health insurance statutes and regulations.
- Project management skills including experience managing quality improvement initiatives in an operational setting.
- Strong verbal and writing skills.
- Advanced degree in public administration, public health, business administration, health administration or a related field.

Candidates may apply by submitting the following packet of information:

1. A letter of interest with a detailed description of your experience, including dates and length of experience in each of the areas listed in the Qualifications sections;
2. A résumé listing names of employers, dates of employment, and degree(s) attained;
3. A minimum of three employment references, two supervisors and one peer;
4. The reference authorization form.
5. The profile data sheet. Completion of this form is voluntary. Information gathered will be used for statistical purposes only and will be kept confidential.

Send your completed application packet to:

Mailing Address	Email Address and Fax	Contact Information
Health Care Authority Human Resources Office PO Box 42698 Olympia WA 98504-2698	Please use: <u>Manager, Reimbursement &</u> <u>Data Systems in the subject</u> line hrrmb@hca.wa.gov Fax: (360) 923-2604	Patti Scherer-Abear (360) 923-2734 TTY: (360) 923-2703

Applications will be acknowledged upon receipt, and all candidates will be notified by mail after the final selection has been made.

REFERENCE AUTHORIZATION FORM

To Whom It May Concern:

I, _____, authorize the Health Care Authority to contact my current and/or previous employers and anyone else appropriate in establishing my qualifications for the purposes of verification and reference. I knowingly and voluntarily release the State of Washington Health Care Authority, its individual employees, and all my former or present employers and their individual employees, from any and all known and unknown claims for damages or other relief arising out of the department's request for and receipt of employment information, unless my current or former employer is prohibited by state or federal law from disclosing the information that the department requests. This authorization includes review of state employee personnel files.
Date _____ Printed name of applicant _____

Applicant's signature _____

Where did you hear about this job? HCA ☐ DOP ☐ Newspaper ad ☐ Mailing ☐ Associate ☐

NOTE: A photocopy of this information shall be as valid as the original

The Health Care Authority vigorously pursues diversity in the workforce. Women, racial and ethnic minorities, persons of disability, and disabled and Vietnam-era veterans are encouraged to apply. Persons of disability needing assistance in the application process may call the Health Care Authority Human Resources Office at (360) 923-2819 or TTY (360) 923-2703. Applicants needing this announcement in an alternate format should contact our ADA Coordinator at (360) 923-2805 or TTY (360) 923-2701.

Health Care Authority

APPLICANT PROFILE DATA FORM

The information requested on this form is voluntary and is used for affirmative action purposes only. Ethnic minorities and persons of disability are covered in employment by various federal laws, which mandate Affirmative Action Plans for agencies receiving federal monies.

Name: _____ Date: _____

1. What race or culture do you consider yourself? *If you are more than one race, please check "Other Race".*

- | | | | | | |
|---|------------------------------------|------------------------------------|-----------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Aleut | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Filipino | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Korean | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Chinese | <input type="checkbox"/> Guamanian | <input type="checkbox"/> Indian | <input type="checkbox"/> Laotian | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Black | <input type="checkbox"/> Eskimo | <input type="checkbox"/> Hawaiian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Latino(a) | <input type="checkbox"/> White |
| <input type="checkbox"/> Other Race (specify indicate race or culture): _____ | | | | | |

If you are more than one race, please also check "Multi-Racial" below and indicate your preference for Affirmative Action purposes:

☐ Multi-Racial _____
(Affirmative Action Preference)

2. Are you: ☐ Male ☐ Female

3. Have you ever been on active duty in the U.S. Armed Services? ☐ Yes (if checked, see 3a and 3b)
☐ No

3a. Dates served: from: _____ to _____ ☐ No
3b. Are you a disabled veteran? ☐ Yes (____ %) ☐ No

4. Do you have any physical, sensory, or mental condition that substantially (rather than slightly) limits any of your major life functions, such as: walking, speaking, seeing, hearing, breathing, working, learning, caring for oneself or performing manual tasks? ☐ Yes ☐ No

5. Do you have a physical, mental, or other health condition that has lasted six (6) or more months and which limits the kind or amount of work you can do at a job? ☐ Yes ☐ No

Date of Birth: ____/____/____

AFFIRMATIVE ACTION DEFINITIONS

American Indian or Alaskan Native. A person with origins in any of the original peoples of North America and who maintains cultural identification through documented tribal affiliation or community recognition.

Asian/Pacific Islander. A person with origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. For example, China, Japan, Korea, Pakistan, the Philippine Republic, and Samoa.

Black/African-American. A person with origins in any of the Black racial groups of Africa.

Hispanic. A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race. For example, persons from Brazil, Guyana, or Surinam would be classified according to their race and would not necessarily be included in the Hispanic category. This category does not include persons from Portugal, who should be classified according to race.

White/Caucasian. A person with origins in any of the original peoples of Europe, North Africa, or the Middle East.

Disabilities. For Affirmative Action purposes, people with disabilities are persons with a permanent physical, mental, or sensory impairment which substantially limits one or more major life activities. Physical, mental, or sensory impairment means: (a) any physiological or neurological disorders such as mental functions; or (b) any mental or psychological disorders such as mental retardation, organic brain syndrome, emotional or mental illness, or any specific learning disability. The impairment must be material rather than slight, and permanent in that it is seldom fully corrected by medical replacement, therapy or surgical means.

Disabled veteran. A person entitled to disability compensation under laws administered by the U.S. Department of Veteran Affairs for disability rated at 30 percent or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

Vietnam-era veteran. A person who served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, and was discharged or released from duty with other than a dishonorable discharge.